

## STRIDE<sup>SM</sup> (HMO) MEDICARE ADVANTAGE

### Subject: Transgender Health Services

**Background:** Transgender health services, which can involve various reconstruction surgeries, are part of the treatment approach for individuals with gender dysphoria (GD)/gender incongruence who have persistent feelings of gender discomfort and inappropriateness of their anatomical sex. Surgical procedures may include reconstruction to physical appearance and function of an individual's existing sexual characteristics.

Gender dysphoria/gender incongruence involves a difference between one's gender identity and sex designated at birth (usually based on external sexual anatomy). Gender dysphoria/gender incongruence is not the same as gender nonconformity, which refers to behaviors not matching the gender norms or stereotypes of the gender assigned at birth.

### Authorization:

Prior authorization from Harvard Pilgrim Stride<sup>SM</sup> (HMO) is required for all Transgender Health Services.

### Policy and Coverage Criteria:

Harvard Pilgrim Health Care (HPHC) considers transgender surgical services as medically necessary when documentation and confirm ALL the following for transgender **genital surgery**:

1. Member age 18 years or older has been diagnosed, by an appropriately trained Mental Health Professional (MHP), with gender dysphoria/gender incongruence; AND
2. Transgender surgery has been recommended by treating TWO clinicians
3. Capacity to make fully informed decision and to consent for treatment
4. If significant medical or mental health concerns are present, they must be well controlled
5. Complete 12 continuous months of hormone therapy appropriate to the member's the desired gender (unless medically contraindicated)

Harvard Pilgrim Health Care (HPHC) considers transgender surgical services as medically necessary when documentation and letters confirm ALL of the following for transgender **breast/chest surgery**:

1. Member age 18 years or older has been diagnosed, by an appropriately trained Mental Health Professional (MHP), with gender dysphoria/gender incongruence; AND
2. Transgender surgery has been recommended by TWO treating clinicians
3. Capacity to make fully informed decisions and to consent for treatment
4. If significant medical or mental health concerns are present, they must be reasonably well controlled

### Hormone Therapy

*For Members with HPHC medial benefit, Hormone Therapy (HPHC medical benefit).*

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Harvard Pilgrim Health Care (HPHC) considers continuous hormone replacement therapy as reasonable and medically necessary when documentation confirms ALL the following:

1. Member age 18 years or older has been diagnosed, by an appropriately trained Mental Health Professional (MHP), with gender dysphoria/gender incongruence
2. Continuous hormone replacement therapy is recommended by a provider who has regularly evaluated the member
3. Capacity to make fully informed decisions and to give consent for the treatment
4. One referral letter for hormone therapy is required from a qualified provider
5. Member does not have any co-existing psychological, medical or social problems that could interfere with treatment.

Harvard Pilgrim Health Care (HPHC) considers puberty-suppressing hormones as reasonable and medically necessary for adolescents when documentation confirms ALL the following:

1. Member has been diagnosed, by an appropriately trained Mental Health Professional (MHP), with gender dysphoria/gender incongruence,
2. Puberty-suppressing hormones are recommended by a provider who has regularly evaluated the member; AND
3. The adolescent has given informed consent and, particularly when the adolescent has not reached the age of medical consent, the parents or other caretakers or guardians have consented to the treatment and are involved in supporting the adolescent throughout the treatment process
4. Gender nonconformity or gender dysphoria has emerged or worsened with onset of puberty; AND
5. Member does not have any co-existing psychological, medical or social problems that could interfere with treatment.

### **Surgical Services for Adolescents**

Consideration for breast and chest surgery (e.g. nipple areola reconstruction, mastectomy, breast augmentation) will be given to trans-adolescents under the age of 18 who meet all other policy criteria

### **Transfeminine surgeries covered include:**

#### **Breast/Chest Surgery:**

- Augmentation mammoplasty

#### **Genital Surgery:**

- Clitoroplasty
- Colovaginoplasty
- Labiaplasty
- Orchiectomy
- Penectomy
- Vaginoplasty
- Electrolysis or laser hair removal pre-operatively for genital reconstructive procedures (i.e. Clitoroplasty, Colovaginoplasty, Labiaplasty, Orchiectomy, Penectomy, Vaginoplasty), for a maximum of six treatment sessions

#### **Facial feminization procedures:**

- Tracheoplasty
- Blepharoplasty (lower and upper eyelid)
- Blepharoptosis

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- Brow Ptosis
- Rhytidectomy
- Suction assisted lipectomy
- Genioplasty
- Osteoplasty
- Otoplasty
- Rhinoplasty
- Forehead contouring
- Mandible/jaw contouring

**Transmasculine surgeries covered include:**

**Breast/Chest Surgery:**

- Mastectomy (bilateral)

**Genital Surgery:**

- Colpectomy
- Electrolysis or laser hair removal pre-operatively for genital reconstructive procedures (i.e. Colpectomy, Metoidioplasty, Phalloplasty, Scrotoplasty), for a maximum of six treatment sessions
- Hysterectomy
- Metoidioplasty
- Phalloplasty
- Rhinoplasty
- Salpingo-oophrectomy
- Scrotoplasty with placement of testicular prostheses
- Urethroplasty

Note: Covered procedures must be performed by qualified providers trained in treating individuals with gender dysphoria/gender incongruence.

**Fertility Preservation**

Harvard Pilgrim Health Care (HPHC) also covers retrieval, cryopreservation, and storage (up to one year) of sperm or eggs when documentation confirms an eligible member with gender dysphoria/gender incongruence will be undergoing gender reassignment treatment that is likely to result in infertility.

**Exclusions:**

Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage considers all other services for the treatment of gender dysphoria/gender incongruence as not medically necessary for all other indications, including but not limited to:

- Abdominoplasty
- Collagen injections
- Dermabrasion
- Chemical peels
- Electrolysis or hair removal except when required pre-operatively for genital surgery and when policy criteria are met
- Reversal of transgender health services and all related drugs and procedures
- Hair transplantation
- Implantations (e.g. cheek, calf, pectoral, gluteal)

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- Lip reduction/enhancement
- Liposuction
- Panniculectomy
- Removal of redundant skin
- Silicone injections (e.g., for breast enlargement)
- Voice modification therapy/surgery
- Reimbursement for travel expenses

**Coding:**

Codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible.

Male-to-Female Transition	CPT® Code	Description
Gender Reassignment Surgery	55970	Intersex surgery; male to female
Facial Feminization Surgery	15820	Blepharoplasty, lower eyelid
	15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
	15822	Blepharoplasty, upper eyelid
	15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
	15824	Rhytidectomy; forehead
	15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
	15826	Rhytidectomy; glabellar frown lines
	15828	Rhytidectomy; cheek, chin, and neck
	15876	Suction assisted lipectomy; head and neck
	21083	Impression and custom preparation; palatal lift prosthesis
	21087	Impression and custom preparation; nasal prosthesis
	21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
	21121	Genioplasty; sliding osteotomy, single piece
	21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin)
	21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
	21125	Augmentation, mandibular body or angle; prosthetic material
	21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)

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<b>Male-to-Female Transition</b>	<b>CPT® Code</b>	<b>Description</b>
	<b>21137</b>	Reduction forehead; contouring only
	<b>21138</b>	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
	<b>21139</b>	Reduction forehead; contouring and setback of anterior frontal sinus wall
	<b>21141</b>	Reconstruction midface, LeFort I; single piece, segment movement in any direction (e.g., for Long Face Syndrome), without bone graft
	<b>21142</b>	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft
	<b>21143</b>	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft
	<b>21145</b>	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)
	<b>21146</b>	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft)
	<b>21147</b>	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteotomies)
	<b>21150</b>	Reconstruction midface, LeFort II; anterior intrusion (e.g., Treacher-Collins Syndrome)
	<b>21151</b>	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)
	<b>21154</b>	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I
	<b>21155</b>	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I
	<b>21159</b>	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I
	<b>21160</b>	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I
	<b>21172</b>	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)

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Male-to-Female Transition	CPT® Code	Description
	21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (e.g., plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
	21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
	21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)
	21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
	21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
	21209	Osteoplasty, facial bones; reduction
	21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
	21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
	21244	Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate)
	21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial
	21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete
	21248	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial
	21249	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); complete
	30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
	30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
	30420	Rhinoplasty, primary; including major septal repair
	30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
	30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
	30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)

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<b>Male-to-Female Transition</b>	<b>CPT® Code</b>	<b>Description</b>
	<b>30460</b>	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
	<b>30462</b>	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum and osteotomies
	<b>30465</b>	Repair of nasal vestibular stenosis (e.g., spreader grafting, lateral nasal wall reconstruction)
	<b>30520</b>	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
	<b>31599</b>	Unlisted procedure, larynx
	<b>67900</b>	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
	<b>67901</b>	Repair of blepharoptosis; frontalis muscle technique with suture or other material (e.g., banked fascia)
	<b>67902</b>	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
	<b>67903</b>	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
	<b>67904</b>	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
	<b>67906</b>	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)
	<b>67908</b>	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)
	<b>67909</b>	Reduction of overcorrection of ptosis
	<b>67911</b>	Correction of lid retraction
	<b>67912</b>	Correction of lagophthalmos, with implantation of upper eyelid lid load (e.g., gold weight)
	<b>67916</b>	Repair of ectropion; excision tarsal wedge
	<b>67917</b>	Repair of ectropion; extensive (e.g., tarsal strip operations)
	<b>67923</b>	Repair of entropion; excision tarsal wedge
	<b>67924</b>	Repair of entropion; extensive (e.g., tarsal strip or capsulopalpebral fascia repairs)
	<b>67950</b>	Canthoplasty (reconstruction of canthus)
	<b>67961</b>	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin
	<b>69300</b>	Otoplasty, protruding ear, with or without size reduction

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Male-to-Female Transition	CPT® Code	Description
Trachea shaving	31587	Laryngoplasty, cricoid split, without graft placement
	31750	Tracheoplasty; cervical
Penectomy and related procedures	54120	Amputation of penis; partial
	54125	Amputation of penis; complete
	53415	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra
	53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage
	53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage
	53430	Urethroplasty, reconstruction of female urethra
Orchiectomy	54690	Laparoscopy, surgical; orchiectomy
Vaginoplasty	56800	Plastic repair of introitus
	57291	Construction of artificial vagina; without graft
	57292	Construction of artificial vagina; with graft
	57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach
	57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach
	57335	Vaginoplasty for intersex state
	57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach
Labioplasty	56800	Plastic repair of introitus
	55899	Unlisted procedure, male genital system
Clitoroplasty	56805	Clitoroplasty for intersex state
Breast Augmentation	19324	Mammoplasty, augmentation; without prosthetic implant
	19325	Mammoplasty, augmentation; with prosthetic implant
	19350	Nipple/areola reconstruction
	19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
	19380	Revision of reconstructed breast

Female-to-Male Transition	CPT® Code	Description
Gender Reassignment Surgery	55980	Intersex surgery; female to male

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<b>Female-to-Male Transition</b>	<b>CPT® Code</b>	<b>Description</b>
<b>Mastectomy</b>	<b>19303</b>	Mastectomy, simple, complete
	<b>19350</b>	Nipple/areola reconstruction
<b>Hysterectomy and related procedures</b>	<b>56625</b>	Vulvectomy simple; complete
	<b>56810</b>	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
	<b>57106</b>	Vaginectomy, partial removal of vaginal wall;
	<b>57110</b>	Vaginectomy, complete removal of vaginal wall;
	<b>58150</b>	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);
	<b>58180</b>	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
	<b>58260</b>	Vaginal hysterectomy, for uterus 250 g or less;
	<b>58262</b>	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
	<b>58275</b>	Vaginal hysterectomy, with total or partial vaginectomy;
	<b>58290</b>	Vaginal hysterectomy, for uterus greater than 250 g;
	<b>58291</b>	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
<b>58541</b>	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	
<b>58542</b>	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	
<b>58543</b>	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	
<b>58544</b>	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	
<b>58550</b>	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;	
<b>58552</b>	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	
<b>58553</b>	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;	
<b>58554</b>	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	

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<b>Female-to-Male Transition</b>	<b>CPT® Code</b>	<b>Description</b>
	<b>58570</b>	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;
	<b>58571</b>	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
	<b>58572</b>	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;
	<b>58573</b>	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
	<b>58940</b>	Oophorectomy, partial or total, unilateral or bilateral;
<b>Phalloplasty and related procedures</b>	<b>53415</b>	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra
	<b>53420</b>	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage
	<b>53425</b>	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage
	<b>53430</b>	Urethroplasty, reconstruction of female urethra
	<b>54400</b>	Insertion of penile prosthesis; non-inflatable (semi-rigid)
	<b>54401</b>	Insertion of penile prosthesis; inflatable (self-contained)
	<b>54405</b>	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
	<b>54660</b>	Insertion of testicular prosthesis (separate procedure)
	<b>55175</b>	Scrotoplasty; simple
	<b>55180</b>	Scrotoplasty; complicated
<b>Rhinoplasty</b>	<b>55899</b>	Unlisted procedure, male genital system
	<b>30400</b>	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
	<b>30410</b>	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
	<b>30420</b>	Rhinoplasty, primary; including major septal repair
	<b>30430</b>	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
	<b>30435</b>	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
	<b>30450</b>	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
	<b>30460</b>	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only

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Female-to-Male Transition	CPT® Code	Description
	30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum and osteotomies
	30465	Repair of nasal vestibular stenosis (e.g., spreader grafting, lateral nasal wall reconstruction)
	30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft

Additional Procedures	CPT® Code	Description
Tissues expansion	11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion
	11970	Replacement of tissue expander with permanent prosthesis
	11971	Removal of tissue expander(s) without insertion of prosthesis

Note: Procedures billed with an unlisted code pend for medical review; additional documentation must accompany submitted claim.

### References:

1. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. American Psychiatric Association; 2013.
2. Interim Gender Dysphoria Protocol and Service Guideline 2013/14. 2014. Available at: <https://www.england.nhs.uk/wp-content/uploads/2013/10/int-gend-proto.pdf>. Accessed January 12, 2021.
3. Management of gender nonconformity in children and adolescents. UpToDate.com/login [via subscription only]. Accessed January 12, 2021.
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7. Transgender men: Evaluation and management. UpToDate.com/login [via subscription only]. Accessed January 12,2021.

### Summary of Changes:

Date	Changes
2/21	Annual Review; updated exclusions
4/20	Annual Review, updated criteria for surgical procedures and hormone therapy
12/19	Criteria and coding updated
4/19	Annual review; criteria and coding updated

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<b>9/17</b>	Background and references updated; Coding, exclusions, and coverage criteria updated
<b>8/24/16</b>	Annual review/update. Minor language changes
<b>10/28/15</b>	New policy

**Approved by Medical Policy Committee: 2/2/21**

**Approved by Clinical Policy Operational Committee: 10/15; 8/16; 9/17; 4/19; 12/19; 6/20; 2/21**

**Policy Effective Date: 2/19/21**

**Initiated: 10/28/15**

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